## ORIGINAL

JAN 17 2006

PATENT APPLICATION

HEWLETT-PACKARD COMPANY Intellectual Property Administration P.O. Box 272400 Fort Collins, Colorado 80527-2400

ATTORNEY DOCKET NO. 200312226-1

Inventor(s):

Makarand P. GORE

Confirmation No.: 8140

Application No.: 10/656,021

Examiner: Hoa Van Le

Filing Date:

09/05/2003

Group Art Unit: 1752

Title: COMPOSITIONS, SYSTEMS AND METHODS FOR IMAGING

Mail Stop After Final Commissioner For Patents PO Box 1450 Alexandria, VA 22313-1450

## TRANSMITTAL LETTER FOR RESPONSE/AMENDMENT

No additi Other T	erminal Disclaimer								Fee	\$	0
	CLAIMS AS	AMENDE	D BY O	THER	THAN A	SM/	LL E	YTITY	,		
(1) FOR	(2) CLAIMS REMAINING AFTER AMENDMENT	(3) NUMBER EXTRA	(4) HIGHEST NUMBER PREVIOUSLY PAID FOR			(5) PRESENT EXTRA		(6) RATE		(7) ADDITIONAL FEES	
TOTAL CLAIMS	7	MINUS	20			=	0	×	\$50	\$	0
INDEP. CLAIMS	2	MINUS		4		=	0	х	\$200	\$	0
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EXTENSION FEE	1st Month \$120	2nd I \$450	Month 0		3rdMonti \$1020	,		4th M \$159		\$	0
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Charge \$ 0 to Deposit Account 08-2025. At any time during the pendency of this application, please charge any fees required or credit any over payment to Deposit Account 08-2025 pursuant to 37 CFR 1.25. Additionally charge any fees to Deposit Account 08-2025 under 37 CFR 1.18 through 1.21 inclusive, and any other sections in Title 37 of the Code of Federal Regulations that may regulate fees. A duplicate copy of this sheet is enclosed.

I hereby certify that this paper is being transmitted to the Patent and Trademark Office facsimile number (571) 273-8300. Date of facsimile: 01/17/2006

Typed Name

Signature

Number of pages: 11

Respectfully submitted,

Makarand P. GOBE

Ву

Marcella D. Watkins

Attorney/Agent for Applicant(s)

Reg No.:

36,962

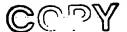
Date:

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Rev 10/05 (TransAmdFax)

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PATENT APPLICATION

Inventor(s):

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Examiner: Hoa Van Le

Filing Date:

09/08/2003

Group Art Unit: 1752

Tra

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## TRANSMITTAL LETTER FOR RESPONSE/AMENDMENT

Respons New fee	with Is/are the following e/Amendment as calculated below onal fee erminal Disclaimer	in the abov	re-Identific	ed application:		8		on to ext emental Fee	Decla	ne to res tration
	CLAIMS AS	AMENDE	D BY 01	THER THAN A	SM/	ALL EN	VΠTY			
(1) FOR	(2) CLAIMS REMAINING AFTER AMENDMENT	(3) NUMBER EXTRA		(4) EST NUMBER USLY PAID FOR		(5) SENT TRA	(6) RATE		(7) ADDITIONAL FEES	
TOTAL CLAIMS	7	MINUS		20		0	х	\$50	\$	0
INDEP. CLAIMS	2	MINUS		4	=	0	x	\$200	\$	0
FIRST PRESENTATION OF A MULTIPLE DEPENDENT CLAIM + \$360									\$	0
EXTENSION FEE	1st Month \$120	2nd   \$45	Month 0	3rdMonth \$1020			4th Month \$1590		\$	0
OTHER FEES									\$	0
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT									\$	0

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Signature:

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